

RI Certified Organic Farm Plan Update Questionnaire

This form should be filled out by crop producers to update their organic farm system plans. Use additional sheets if necessary. Attach a field history sheet for previous year, updated farm maps (if any changes), other records required by the certifying agent and the annual continuation application fee of \$50 (fifty dollars) payable to RI DEM.

Year: _____

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Name		Farm Name		Type of Farm/Crops	
Address			City		For office Use Only Date received
St./Prov.	Postal/Zip Code	Country		Date reviewed	
Phone		Fax		E-mail	
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify:				Organic Certification No.	
Do you plan to conduct foreign trade of organic products? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify destination country(ies): If you plan to export organic products to another country, contact your certifier for additional requirements that apply when exporting to certain countries with organic trade agreements.					Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the reasons for denial and attach documentation of corrective actions.			
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					

SECTION 2: Minor Noncompliances		NOP Rule 205.406(a)(3)
Did you have any minor noncompliances from last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please complete the following table, listing each minor non-compliance.		
Minor Noncompliance	Describe how you addressed the minor noncompliance.	

Return this form to: RI DEM Division of Agriculture
 Organic Certification Program
 235 Promenade Street
 Providence, RI 02908

A. Current crop plans

Please complete the following table for all current year's crops or products requested for certification.

Crops Requested for Certification	Field/Greenhouse Numbers	Total Acres/Sq. Feet	Projected Yields

B. Organic Farm Plan Changes

What year did you last submit a complete Organic Farm Plan Questionnaire?

Have you reviewed your Organic Farm Plan Questionnaire? yes no Date of review:

Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary. No changes

Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/> General information	
<input type="checkbox"/> Newly purchased or rented fields*	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Seedlings and perennial stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	

D. Monitoring Practices and Procedures

Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).

Fertility Management Program

Rate the effectiveness of your fertility management program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Natural Resource Management

Rate the effectiveness of your soil conservation program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your water quality program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Weed, Pest, and Disease Management

Rate the effectiveness of your weed management program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your disease management program: excellent satisfactory needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Other Monitoring: Indicate if you conduct monitoring in the following areas:

Maintenance of Organic Integrity

yes no Adjoining land uses, buffers, notification letters, posting signs

yes no Input equipment cleaning (sprayers, planters, etc.)

yes no Harvest equipment cleaning

yes no Crop testing for contaminants (prohibited materials, GMOs)

yes no Post harvest handling

yes no Crop storage cleaning

yes no Transportation of organic crops

Recordkeeping

yes no Compost production records

yes no Labor records

yes no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products

yes no Complaint log

